

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Class A
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
MAR 21 2012

Permit #: 12-0039
Date: 3/29/12
Amount Paid: \$19500.00
Refund: 3/21/2012
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept
HOW TO FILE BUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Susan K. Krongard	Mailing Address: P.O. Box 157 Cable, WI 54821	Telephone: 715-798-2261
Address of Property: 46440 W. Jackson LK. Rd	City/State/Zip: Grand View, WI	Cell Phone: 612-508-9263
Contractor:	Contractor Phone:	Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement) 1/4, 1/4	PIN: (23 digits) 04-021-2-44-06-33-4-05-004-40000
Gov't Lot: 4	Lot(s): 2	CSM: 1039
Vol & Page: 6, 366	Lot(s) No.: 1	Block(s) No.:
Section: 33, Township: 44 N, Range: 6 W	Town of: Grand View	Lot Size: 1.70
Acres: 1.70	Distance Structure is from Shoreline: 150 feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Distance Structure is from Shoreline: 150 feet	Recorded Document: (i.e. Property Ownership) Volume: 6 Pages: 366

Value at Time of Completion * Include donated time & material: \$ 547,800	Project (What are you applying for):	# of Stories and/or basement: 1-Story	Use: Seasonal	# of bedrooms: 1	What Type of Sewer/Sanitary System Is on the property? Municipal/City	Water: <input checked="" type="checkbox"/> City <input type="checkbox"/> Well
		<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Sewer w/1 1/4"	
		<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> Year Round	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	
		<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input checked="" type="checkbox"/> Relocate (existing Bldg)	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> Compost Toilet	
		<input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	

Existing Structure: (If permit being applied for is relevant to it)	Length: 150	Width: 150	Height: 150
Proposed Construction:	Length:	Width:	Height:

Proposed Use: <input checked="" type="checkbox"/> Residential Use	Proposed Structure: Principal Structure (first structure on property)	Dimensions: ()	Square Footage: 2070
	Residence (i.e. cabin, hunting shack, etc.)	()	
	with loft	()	
	with a Porch	()	
	with (2nd) Porch	()	
	with a Deck	()	
	with (2nd) Deck	()	
	with Attached Garage	()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	
	Mobile Home (manufactured date)	()	
	Addition/Alteration (specify)	()	
	Accessory Building (specify)	()	
	Accessory Building Addition/Alteration (specify)	()	
	Special Use: (explain) Short term Rental	()	
	Conditional Use: (explain)	()	
	Other: (explain)	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Susan K. Krongard
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Date: 3/19/12

Rec'd for Issuance: 70 Box 157 Cable, WI 54821
Address to send permit: 70 Box 157 Cable, WI 54821
Date: 3/29/2012

Secretary Staff
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
Copy of Tax Statement
Copy of Recorded Deed
Date: 3/29/2012

